As my two year term as President of Ohio PeriAnesthesia Nurses (OPANA) comes to an end, I would sincerely like to thank the Board members for the support they have given me. We have accomplished a lot over the last two years. Our big step into social media came by developing a website on Facebook to post upcoming conferences. Debby Niehaus worked very hard on the webpage creating an attractive, informative site with fantastic graphics. Tina Harvey, our new editor of the state newsletter Snooze News attended her first National ASPAN conference this year where she was awarded for her efforts by winning the ASPAN Component Newsletter 2015, 15 plus pages Contest Award, along with a $250 monetary award for OPANA for her first submission. Teri Shine, OPANA Gold Leaf/Shining Star Chair, worked diligently on the prerequisites for the awards. Her dedication resulted in OPANA receiving the beautiful crystal shining star at this years’ national conference. ASPAN accepted 3 members of OPANA as Honorary members for their years of service and continued dedication to PeriAnesthesia nursing; Jane Lind, Pat Dempsey, Billie Tender. This was OPANA’s first year as a sponsor of “Nurse’s Day at the Statehouse,” 2015 NDASH. This was a truly enlightening experience enabling participants to understand how nurses can make a difference for the care and safety of our patients. It really has been a very busy time requiring everyone’s efforts, so thank you so very much.
Voted in were; Vice President/President-Elect Katrina Bickerstaff, BSN, RN, CPAN, CAPA, Treasurer Valerie Watkins, BSN, RN, CAPA, Regional Director, Region 1; Regina Hoefer-Notz, MS, RN, CPAN, CPN, Regional Director, Region 3; Sylvia Baker, MSN, RN, CPAN, Regional Director, Region 5; Kimberly Godfrey, BSN, RN, CPAN, Director for Education, Linda Beagley, MS, BSN, RN, CPAN, Director for Research, Elizabeth Card, MSN, APRN, FNP-BC, CPAN, CCRP, and Nominating Committee, Pamela Champaigny, MSN, RN, Donna Wollman, MSN, RN, CAPA, APRN and Janet Woulfe, RN, CAPA.

A position statement on Alarm Management, ASPAN Resolution #2015-1 was approved after extensive research by Susan Russell, BSN, RN JD, CPAN, CAPA; Director for Clinical Practice had been passed on by the Representative Assembly members. Also the reallocation of funding for the Joanna Briggs Institute (JBI) brought much discussion with the decision to remove this issue for now and continue with future discussion. JBI is not truly research but is a synthesis of review of multiple articles compiling a recommendation of practice. The state of ASPAN finance was also discussed. We are a solvent organization and better than ever! The week was filled with wonderful speakers on all topics ranging from systems complications, pain issues, LEAN principles, research issues, care and safety for patients issues, building leaders, to, of course, our comic speakers. The three and half days flew by along with each day of events.

ASPAN planned this conference at an appropriate time. It was the end of “Fiesta San Antonio” the celebration of Mexican heritage in Texas since the late 1800’s. There were parades for those of us that were able to enjoy San Antonio prior to the start of the meeting with beautiful flower floats, marching bands, colorful flower headbands, and individual organizations showcasing their unique specialties. The San Antonio Riverwalk is a beautiful place to stroll along for a few miles with cafés, stores, craftsmen, mariachi bands, colorful umbrellas and of course wonderful Mexican foods.

At the Certification Luncheon hosted by The American Board of PeriAnesthesia Nursing Certification, (ABPANC), OPANA was honored by receiving the “Shining Star Award” for acknowledging the certified nurses in our state. We have 396 Certified Nurses, 235 are Certified PeriAnesthesia Nurse (CPAN), 146 are Certified Ambulatory PeriAnesthesia Nurse (CAPA) and 15 are dual certified. We also have 4 Certified Coaches. Teri Shine our chair member provided the documentation to ASPAN for this award. Thank you Teri for all your hard work!
There were also opportunities to meet and understand what the different national committees and Strategic Work Teams provide and accomplish. This was a wonderful time to network with peers, learn how to assist your professional organization through review of awards; volunteering in the ASPAN shop, and how to become more involved with your specialty practice groups.

The conference ended on a very high note on Thursday. After a wonderful breakfast the new President Armi Holcomb, BSN, RN, CPAN was sworn into office. Then several awards were given out. We were all so proud that Tina Harvey, BSN Snooze News Editor won the ASPAN Component Newsletter 2015 Contest Award. Tina has worked very hard and so conscientious over the past year to bring in more information to our members. Thank you Tina for your dedication! ASPAN also announced that the next Leadership Development Institute (LDI) will be September 18-20, 2015 in St. Louis, Missouri. Anyone who may have an interest in learning more about ASPAN and developing its leaders and who would like to attend, please contact me, or Teri Siroki, your new President.
OPANA Board Members 2015

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We started off the New Year with a January meeting at the TriHealth Evendale Hospital with a program from Kimberly-Clark Representative Pat Hartlaub on infection control titled; “Have Bug, Will Travel; and Infection in Transit.”

In February we will travel to Good Samaritan Hospital for a program on “HIPEC Procedure, Hyperthermic Intraperitoneal Chemoperfusion” by Dr Eric Dunki-Jacobs.

After much discussion due to several cancellations of speakers for our half day workshop in March, it was decided at the Board/Workshop meeting to proceed with the workshop, but change the date of the workshop to March 28th. We will contact the speakers to see if new date works and get the application in the next 2 weeks for CEs. The workshop will be held at Bethesda North Hospital and plans are for 4 CEs, raffle baskets and of course good food!

The April meeting will be held at the Urology Center of Cincinnati with Dr Aaron Bey speaking on “Stoned, All About Kidney Stones.

Several members will be attending the ASPAN National Conference in San Antonio in April. We will finish our year with election and installation of officers and a dinner meeting May 20.

NOPANA met at a new location in September and November at ProMedica Flower Hospital with the decision to continue to meet at this location.

The September 2014 program presented by Debbie Wilson, MSN, RN, CPAN, Perioperative Educator for ProMedica Toledo Hospital was an “Overview of Pediatric procedural anxiety and distraction techniques”. The November 2014 program presented by Michelle Silver, RN, Critical Care Supervisor of Wood County Hospital was “The night is dark and full of Terror: Sleep Apnea-confronting the fear”. Continuing nursing education credit was available for both programs.

Request for future speakers and topic suggestions was made to the group in attendance.

OPANA’s support of Nurses Day at the State House was reviewed as well as how to register for the program. Community service included a donation made to The Daughter Project, a local nonprofit group home for girls rescued from sex trafficking.

Kettering Health Network and DAPANA hosted two speakers for their April 18, 2015 spring meeting at Miami Valley Hospital. Dr. Phillip Porcelli, D.O. and Daniel Kirkpatrick, MSN, RN, NE-BC spoke to a group of 25 attendees on an early Saturday morning. The session began with a wonderful healthy breakfast provided by many members including an egg and sausage casserole, fresh fruit, yogurt, pastries, and beverages. Members provided community service with donations of non-perishable food to help support the Good Neighbor House food pantry.

Dr. Porcelli presented MRI Guided Laser Interstitial Therma-therapy for brain tumors the newest procedure offered by Kettering Medical Center. Kettering is the 11th hospital in the nation offering this innovative procedure for unresectable brain tumors such as glioblastomas and thalamus tumors. We learned that this procedure does not take the place of chemotherapy or radiation treatments but is an adjunct procedure allowing a patient an extended survival with better quality of life. Dr. Porcelli provided a clear picture of the patients’ experiences and the nursing care required for this unique procedure.

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Regional Blocks and PACU Care
by Rick Hoffman, CRNA, BSN, BA

Most recovery room nurses have received a patient from surgery who has been administered some type of regional anesthetic block during their procedure. This is typically because the anesthetics used in a surgical procedure must be adjusted relative to the surgical and post-operative care in order to make the surgery a smooth event. A prime example of this is how cholecystectomies evolved over the years from being an open procedure to a laparoscopic technique, with the possibility of converting to an open case if difficulties are encountered by the surgeon.

What I would like to discuss are some of the current drugs and techniques that are currently being used for regional anesthesia and post-op pain relief for common operations. Along with this I am going to review the care of patients in PACU who have received some sort of local/regional block during their surgical procedure.

As a quick review, the local anesthetics are divided into two categories, amide and ester, depending upon their chemical structure.

The Amides are:
Lidocaine (Xylocaine), Prilocaine (Citanest), Mepivacaine (Carbocaine), Bupivacaine (Marcaine), Etidocaine (Duranest), Dibucaine (Nupercanal), and Ropivacaine. Their primary route of excretion is by the liver.

The Esters are:
Cocaine, Procain (Novacain), Chloroprocaine (Nesacaine), Tetracaine (Pontocaine), and Benzocaine. Their primary route of excretion is via hydrolysis by pseudo-cholinesterase in the plasma to para-aminobenzoic acid derivatives.

All of these drugs have different durations of action and different levels of toxicity. To prolong their duration of action, the manufacturer packages the local with epinephrine can or it can be added by the clinician prior to injection.

Cataract Surgery

Today most cataract surgery is done utilizing a retrobulbar block, a peribulbar block, or local eye drops along with some degree of sedation for the patient. Known complications after placement of the retrobulbar technique include hardening of the eye, whitening of the cornea from increased intraocular pressure and, rarely, decreased respirations, blood pressure, and pulse. (1) No life-threatening complications have been reported but globe perforation and peribulbar hemorrhage have occurred with the peribulbar technique. (2) For those patients who cannot lay flat or still for a procedure being done under a microscope, a general anesthetic technique may be required. In the recovery room, patients who have had a block tend to be comfortable and occasionally may complain of a full bladder due to the drugs given to decrease intraocular pressure. Those who have received a general anesthetic may be prone to nausea post-op due to manipulation of the eye during surgery.

Hand and Forearm Surgery of Short Duration

Procedures on the hand and forearm can be performed using either sedation and local field injection or a bier block. A bier block involves exsanguination of the operative arm and insufflation of a dual compartmental tourniquet. Following the tourniquet activation, 50 cc of 0.5% plain lidocaine is injected intravenously in that arm and within 10 minutes or so the arm becomes numb up to the tourniquet. The patient loses all ability to move their arm, and they may even think that their hand is pointed to the ceiling. Most patients have difficulty tolerating the tourniquet pressure so some sedation is usually given along with the block. The tourniquet should ideally stay inflated at least 25-30 minutes and no longer than 60 minutes. The second cuff (which is below the first cuff) can be inflated after 20 minutes since it would be on a numb area and the primary cuff deflated to decrease patient discomfort.

As the tourniquet is being deflated the patient needs to be observed for signs of local anesthetic toxicity. These signs in order include ringing of the ears, dizziness, lightheadedness and difficulty in focusing. The clinician may notice slurred speech, muscular twitching, shivering, and tremors. Immediate treatment with sodium pentothal or a benzodiazepine along with oxygen should be instituted if any of these signs are noticed. If left untreated convulsions can occur.

In recovery room these patients are still metabolizing the lidocaine that has been released with the deflation of the tourniquet, therefore oxygen should be continued for 30 minutes post-op as a precaution. In addition, the biceps and triceps muscles of the operative arm can stay numb for a while depending on the tourniquet time, so the patient needs to be protected from injuring himself until they have regained complete control of their arm. Depending upon the procedure, pain medicine may be required once the block starts wearing off.

Procedures on the Upper Extremities Lasting Greater Than an Hour

“Although many techniques of approach to the brachial plexus have been described, there are basically three anatomic locations where anesthetics are placed: 1) the interscalene groove near the transverse process, 2) the subclavian sheath at the first rib, and 3) surrounding the axillary artery in the axilla.” (3) These techniques are known as the interscalene block, the supravacular block and the axillary block, respectively. Because of the specific configuration of the nerves at each of these levels, the anesthesia produced is significantly different with each approach and applicable to different situations. (4)

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Dayton Area PeriAnesthesia Nurses Association  
DAPANA  
Continued from page 5

Dan Kirkpatrick then spoke on *Are You Prepared* for a natural disaster to provide us the tools to face for any crisis. We had hands-on training using self-tourniquets and learning knot tying. It certainly brought awareness to all concerning our need to have an emergency bag in each of our vehicles.

A short planning meeting was conducted by Bonita Woodin, President of DAPANA. Both Rose Durning, OPANA President, and Bonita informed the group that DAPANA is host for the 2016 State meeting. At that time that the OPANA board will meet in the Dayton area. The meeting will include nurses from throughout Ohio and surrounding states. Discussion ensued concerning finding speakers for the meeting and determining the venue of the meeting.

If anyone has a speaker(s) in mind or would like to assist in anyway, please contact Bonita Woodin at Bonita.Woodin@khnetwork.org or Rose Durning; Rosemary.Durning@khnetwork.org. With everyone’s help the meeting will be very successful.

The next DAPANA meeting is scheduled for November 7th  
at Miami Valley Hospital, Maxon Parlor.

Dr. Porcelli, D.O.

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**Opana's Mission and Vision**

Our core purpose is to advance the unique specialty of PeriAnesthesia Nursing.

Our vision is to be Ohio’s recognized nursing association for providing and promoting PeriAnesthesia education, nursing practice, ASPAN standards and research.

**District Events**

- **Join us August 15th, 2015 for the next OPANA State Board Meeting** in Columbus at Brio’s Restaurant Polaris Mall at 11 a.m.. If you’re interested in becoming a board member contact our President Teri Siroki at chatenay@live.com.

- **OPANA Fall Seminar** is October 24th, 2015 at Mt. Carmel East, Siegel Center in Columbus, Ohio. Queen rooms for $89 can be reserved at The Country Inn & Suites by calling 614-322-8000. Cut off date for reservations are Oct. 16th. Visit Ohiopana.org for further information.
Procedures on the Upper Extremities Lasting Greater Than an Hour

“Although many techniques of approach to the brachial plexus have been described, there are basically three anatomic locations where anesthetics are placed: 1) the interscalene groove near the transverse process, 2) the subclavian sheath at the first rib, and 3) surrounding the axillary artery in the axilla.” (3) These techniques are known as the interscalene block, the supraclavicular block and the axillary block, respectively. Because of the specific configuration of the nerves at each of these levels, the anesthesia produced is significantly different with each approach and applicable to different situations (4).

For total shoulder replacement or extensive shoulder surgery interscalene blocks are commonly placed unless the patient is on blood thinners, has a local infection, refuses to have it or the surgeon does not want it utilized. The known complications that can occur from an interscalene block can include pneumothorax or a cervical plexus block when injecting high volumes, possibly resulting in diaphragmatic paralysis, Horner’s syndrome and a total spinal.

Usually ropivacaine or bupivacaine are utilized for these blocks since post-op pain relief for several hours is highly beneficial to these patients. In the recovery room these patients are typically comfortable and their operative arm is in a shoulder restraining sling. If the block is incomplete, additional pain meds may be required. Remember even if the patient is comfortable, they need to be reminded to start taking their post-op pain medications before the block starts to wear off.

A pneumothorax is the most serious complication of the supraclavicular block, and although it is rare in experienced hands, it does occur more frequently with this technique compared to the other brachial plexus blocks. (5)

For procedures on the lower arm, axillary blocks can be placed. There are three techniques that can be used, all of which involve placing the needle in the axillary sheath. This can be done in one of three ways: 1) utilizing paresthesias, 2) without paresthesias but multiple injections around the sheath, or 3) utilizing a trans-arterial approach. These too are performed with the patient sedated. Occasionally, axillary blocks may need to be touched up with a specific nerve block injection to a branch of one of the nerves that, for whatever reason, was not numbed by the initial injection.

In recovery room these patients are usually comfortable, although I have seen some who were not happy with the tingling sensation of a numb arm. Remember, that their operative arm needs to be protected from injury until the numbness wears off.

Procedures on the Lower Extremities

Lower extremity surgeries can be performed using several block techniques. Spinal and epidural blocks can be utilized for procedures involving the hip, knee or leg. Both techniques involve placing a needle in the patient’s back, though needle placement in the back is different for each technique. These are typically utilized for total hip and total knee replacement since the patients will be staying overnight in the hospital postoperatively. They can also be used for lower abdominal procedures. Once either of these blocks sets up, the patient loses sensory and motor ability until it wears off.

With a spinal block, the dura is punctured and the local medicine is injected into the spinal fluid. The medicine injected can be either isobaric, hypobaric, or hyperbaric depending on how the patient is being positioned for the block and where it is desired to set up for the procedure. These blocks are usually placed with the patient sitting up or in the lateral position. The spinal needles tend to be 25 or 22 gauge, and there are several different styles of bevels on them. Traditionally lidocaine, tetracaine or bupivacaine are packaged in the spinal sets that are produced, along with dextrose to make the block hyperbaric if desired by the clinician. Lidocaine has fallen out of vogue for spinals due to a syndrome known as transient radicular irritation (TRI). Occasionally fentanyl or epinephrine is added to increase the block’s duration and pain relief. Known complications of a spinal block can include but are not limited to: an inadequate block, hypotension, a block that moves too high resulting in respiratory depression and sometimes cardiac deceleration, and postoperatively, a spinal headache or cauda equina syndrome.

The epidural block is produced by placing an 18 to 21 gauge needle in the epidural space with the patient sitting up. This is a large sized needle with a curve at the end, so that a catheter can be fed through it. Due to its size, if the dura is punctured the patient can develop a spinal headache. The epidural space is identified by either loss of resistance on the syringe placed on the needle or by the hanging drop method, where a drop of saline placed on the needle hub is “sucked in” by the negative pressure of the space.

Once identified, either a single shot dose can be administered or a catheter can be threaded through the needle for continuous drug administration. A test dose of lidocaine with epinephrine is given to ascertain that an intravascular injection is not occurring. Following this, lidocaine, bupivacaine or ropivacaine are injected. The patient’s position during injection, the level of the catheter placement, the strength of the drug and the volume used can influence how large an area becomes blocked and the duration of the block.

Known side effects of epidural placement can include accidental intrathecal drug administration, infection related problems, epidural hematoma and respiratory depression and cardiac arrest. There are also reports of the catheter becoming knotted or broken off during removal. (6, 7) “The catheter can be deflected by anatomical obstacles and can curl back on itself. It can become entangled with nerve roots, blood vessels, lumbar fascia, posterior vertebral arches, vertebral processes, and facet joints” (8) If this occurs, the general consensus among anesthesia providers is to leave the fragment of the catheter in place as long as the patient is asymptomatic.
Regional Blocks

Continued from page 8

With both of these blocks, the patient should lay flat with a pillow until they have complete control of their legs. If they must get off their back, log roll them to one side and place pillows behind their back to keep them in proper alignment. These blocks will wear off from the patient’s feet first and then gradually work up their legs. As with all other blocks, the patient will probably require other pain medication once it starts to wear off. Since most anesthesia personnel tend to fluid load these patients to prevent hypotension and nausea (unless it is contra-indicated), expect patients to have full bladders, unless a urinary catheter was placed during the procedure.

Fewer spinal or epidural blocks are being utilized in surgery due to the current trend of increasing procedures that are being performed as outpatient surgeries. Either one of these prolongs the time of recovery room stay until patient discharge to home. Instead, most facilities are using one of the single leg blocks along with either a general anesthetic or sedation. Currently, the blocks that are in vogue are the femoral nerve block, the fascia iliaca block, or the sciatic nerve block.

The femoral nerve block is best utilized for procedures on the knee and for post-op pain relief for hip procedures. It involves placing the needle lateral to the femoral artery and injecting the drug to bathe the area. Paresthesias are not necessary but can be elicited during the needle placement. A nerve stimulator can also be used with a special needle.

Fascia Iliaca blocks are best placed by using an ultrasound technique. (10) The ultrasound probe is placed in the patient’s groin and the needle is placed through the superficial layer of the iliopsoas muscle. As the local is injected it can be seen spreading to occupy that space. This block can be utilized for anterior thigh surgery, knee surgery and for post-op analgesia for hip and knee procedures. It blocks the femoral and lateral femoral cutaneous nerves.

The sciatic nerve block is placed with the patient laying on their side with their hip and knee flexed. Using the landmarks of the superior aspect of the greater trochanter, the posterosuperior iliac spine, and the sacral hiatus, a triangle is drawn and the nerve located. Paresthesias are solicited as the medicine is injected. When used alone, this block is good for procedures of the foot and lower leg.

Depending on the surgery, a combination of these blocks may be used. When patients treated with such a combination arrive to PACU they are comfortable, but they may need to pain control with intravenous medicines. The limb that has been blocked will need to be protected and, of course, no weight bearing until approved by the surgeon after the block has worn off.

Recently, there has been a discussion in the anesthesia literature about using intralipid solution if an intravascular injection of one of the local anesthetics occurs. (11) The drug most frequently reported is bupivacaine which seems to have an affinity for cardiovascular conduction pathways, although it has been reported with all of the known local anesthetic drugs. The Anesthesia Patient Safety Foundation Newsletter presented to the anesthesia community this very topic in their spring issue of 2009. (12) Clinically what happens to the patient is known as LAST (local anesthetic systemic toxicity). “CNS excitation initially occurs with agitation, auditory changes, and metallic taste, progressing to seizure or CNS depression of drowsiness, coma and respiratory arrest. This is followed by CVS excitation of tachycardia, ventricular arrhythmias and hypertension and then CVS depression of bradycardia, conduction block, asystole and cardiac depression” (13)

How the intralipid solution helps reverse the process is still not clear. The most accepted theory is that it acts like a “lipid sink” by binding to the free local anesthetic, thereby making the heart respond better to the ACLS protocol drugs. Since 2010, the Anaesthetists Association of Great Britain and Ireland along with the American Heart Association have established protocols for this treatment, including dosages for the use of the intralipid solution. (14, 15)

In conclusion, I have reviewed the current trends in local anesthetic blocks, including commonly used drugs and the treatment of local anesthetic systemic toxicity.

References

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11. Ciechanowkz S, Patel V, Lipid emulsion for local anesthetic toxicity. *Anesthesiology Research & Practice* 2012;131784
PeriAnesthesia Nurses’ Comprehension of Post-Operative Nausea and Vomiting

Since post-operative nausea and vomiting (PONV) is a dissatisfier of surgical patients even more than pain a Quality Improvement (QI) Project was completed regarding the knowledge of PeriAnesthesia nurses on the physiology, risk factors, treatment options and alternative therapy on PONV. The site for the QI project was a small Community Hospital in Northwest Ohio. Sixteen (16) nurses took part in the project with ten years average number of years’ experience in the post anesthesia care unit (PACU).

The project consisted of a ten (10) question pre-test regarding the physiology, risk factors, treatment options and alternative therapy to evaluate the knowledge base of the nurses. After the pre-test education was provided via the hospitals electronic education system. A ten question (10) post-test was given at the completion of the education. Then in order to evaluate retention of education a follow-up test was given six (6) weeks later.

The results of the pre-test indicated that 34% of the nurses scored above the 62.5% average which indicated that 66% of the nurses did not comprehend the physiology, risk factors, treatment options and alternative therapy of PONV. After education was given the average score increased to 85%. A t test analysis between the pre-test and the post educational test indicated statistical significance. The average score indicated an improvement from 34% to 53% comprehended the education. The follow-up test given six weeks after the education continued to show statistical significance but the average score decreased by 10 percentage points between the post educational test and the follow-up test. This decrease indicated that with education given even experienced nurses need evidence-based educational programs, but for retention more than one educational program may be needed.

Future initiatives from this project include: evaluating whether this education helped manage or prevent PONV of patients and whether this education helped improve patient satisfaction. Another future project is the possibility of a combined initiative between nursing and anesthesia to develop an evidence-based practice protocol for all surgical patients to help manage or prevent PONV.

Submitted by,
Carol Zacharias, RN, MSN, CPAN
OPANA wins the Shining Star Award at the National Conference! A big thanks to our Gold Leaf Chair Teri Shine. To the left: Teri and Rose Durning holding the Crystal Shining Star. To the right; Teri being recognized at the 2015 OPANA Spring Seminar.

**Component Newsletter Award**

The ASPAN 2015 Component Newsletter 15 plus pages contest was awarded to OPANA’s newsletter Snooze News. Pictured above at the conference are Tina Harvey, Editor and Rose Durning, OPANA President.

**The Legacy Award**

Congratulations to Martha Clark, BSN, MSN, CPAN, CAPA for receiving the 2014 Legacy Award as well as the 2015 Award for Outstanding Achievement! Martha has been a Recovery Room Nurse since 1978. After completing a Master’s of Science with a Major of Nursing in May of 1988, Martha focused her attention on volunteer work with her professional association. In 1991, Martha took and passed the CPAN exam..

**ABPANC Recipient of Free Recertification**

First time conference attendee and OPANA member Teresa Salley, MS, MSN, RN, CPAN, CAPAwas the winner of a free CPAN/CAPA recertification fee. Way to go Teresa!
I work in Same Day Surgery, Bethesda North Hospital. I am CAPA certified and president of CAPANA (Cincinnati Dist-
trict of OPANA). I had the desire to promote perianesthesia nursing and certification among my peers.

We always have support and encouragement from our physicians in the unit. I decided to take this one step further and
solicit monetary help to promote our practice! Our surgeons and anesthesia providers were very generous!! I was able
to obtain over $800 to fund our week’s activities. I had donations from the following: Anesthesia Group Practice, Tri-
Health Surgical Institute, Dr. Louis Thibodeaux, Dr. Gennero Labella, Dr. Jean Paul Matter, Dr. Matthew Schantz, and
Dr. Brian Singstock.

I enlisted help from other certified nurses in our area: Sheila Hoff, Debby Niehaus, Cathy Thorner, and Lori McDonald,
as well as my Manager and Assistant Manager, Carolyn Hoenicke, and Diane Smith.

I purchased a gift for every nurse in Same Day Surgery, PreSurgical Services, and PACU, a beautiful badge holder and
we presented them in a little gift bag along with candy. I made word puzzles with physician names, and nursing terms
for everyone to do. I also paired questions and answers from the certification review book for everyone to see how easy
the questions could be and how much knowledge they already had! Every time someone did a puzzle or answered a
question their name was entered for a drawing for prizes at the end of the week.

Of course, we had delightful food items; Monday was bagel and cream cheese, Wednesday was cookies and punch,
and Friday was fruit and cheese. It was a very fun-filled week and I think everyone had a good time! If only one person
considers joining ASPAN or becoming certified, I have accomplished my goal. As an added bonus, I have money left
over from our festivities and am going to purchase reference books for each area!

WHAT A GREAT WAY TO PROMOTE OUR PRACTICE TO EACH OTHER, PHYSICIANS, AND OUR PATIENTS!!!
NOPANA (Northwest Ohio PeriAnesthesia Nursing Association) celebrated PANAW February 7, 2015 with a meeting held at ProMedica Flower Hospital Conference Center. Speaker Kelly Joseph, BSN, RN, CCRN, CEN; Director of ProMedical Regional Stroke Network presented a topic that included contact hours called “Stroke-The Facts”.

Brunch was provided by NOPANA that included hot and cold items as well as homemade breakfast casseroles. Total attendance at the meeting came in around 20. Gifts for all attendees were given and a raffle for a Rada item was done as well. A brief business meeting was held after the speaker.

Submitted by Debbie Wilson, MSN, CPAN
Lake Health Medical Center West began PeriAnesthesia nurses week by honoring their PeriAnesthesia nurses with a gift of chocolate and a note congratulating them as dedicated professionals with compassionate care. Packets were available to all nurses that contained information on ASPAN, the benefits of joining, and how to join. Information was also available on certification for CAPA and/or CPAN. All nurses were invited to attend the GCPANA general meeting to be held on February 25th at Hillcrest Hospital. The topic to be presented, “The Care of the Obese Patient and the Bariatric Surgery Patient”.

The week also included a luncheon, with food provided by the following PACU nurses, Amy Hanna RN, CPAN, Carla Bumgarner RN, CPAN, and Kathy Piet RN, CPAN. All of whom are members of GCPANA. Dessert was provided by the management of the Same Day Surgery and OR Departments. The goal was not only to honor our nurses, but to stimulate interest in a professional organization that promotes their profession.

Submitted Patty Molder BSN, RN

Affinity Medical Center and NEOPANA Celebrates PANAW

This year I decided, as the Northeast Ohio PeriAnesthesia Nurse's Association (NEOPANA) President, that I wanted to promote PANAW in my work place. After discussing this with my manager, we decided to celebrate throughout the week. I made several signs and posted them around PACU, SDS, and PAT areas. I also purchased a 1/2 sheet cake which we had with other snacks on Monday 2/2/15. We were able to have a mix of PACU and SDS nurses pose for the picture with us. My PACU charge nurse provided lunch for the PACU staff on Tuesday. My manager created a PANAW trivia quiz and awarded prizes to those who answered correctly. Our picture was placed in our hospital newsletter in honor of PANAW.

At our February 10, 2015 NEOPANA meeting, we decided to have a cupcake cake in honor of PANAW. We continued with our annual celebration of PANAW by giving out NEOPANA Bucks. Each NEOPANA Buck is worth $50 towards an educational opportunity for the NEOPANA member. This year, we increased the number of NEOPANA bucks given away to 12. Twelve random names were drawn from February's meeting attendance.

Submitted by Sally Swartzlander BSN, RN, CAPA
Governmental Affairs
Jean Kaminski

Unlicensed Assistive Personnel Language (House Bill 64)
ONA is focused on protecting the scope of practice of all registered nurses in Ohio. The state in the current budget has inserted language that would grant unlicensed assistive personnel (UAP) a scope of practice. The concerns include: LPN’s can work safely and efficiently in home health and long-term care facilities. UAP are unlicensed and giving them a scope of practice without addressing education and training could potentially lead to catastrophic medical errors and safety should always be a priority. The Ohio House of Reps approved HB 64 but with removal of the UAP language. It is now making its way to the Senate and ONA will continue to monitor this.

Ohio Safe Nurse Staffing Law (HB 346)
This was passed into law in 2008. There is to be a committee at each hospital that meets at least once per year to evaluate the hospital’s current nurse staffing plan. This group would be comprised of at least 50% direct care nurses representing all types of nursing services. They would recommend a nurse staffing plan that would be consistent with current standards established by private accreditation organizations or government entities. There are no penalties to hospitals for not following the law. ONA requested the plans from all hospitals in the state and are reviewing those received. They hosted an event to share results with 30 CNO’s that attended and to have open dialogue regarding staffing. Each hospital is to provide the staffing plan and updates to each member of the nursing staff if requested.

The RN and APRN Workforce in Ohio:
An overview of 2013 Licensure Renewal Data. This report gives a comprehensive picture of the RN and APRN workforce in Ohio. In 2013 there were 182,589 license renewals for RN and APRN’s in Ohio. 10,635 were APRN’s with most practicing in NE Ohio. About 11% of RN and APRN’s have more than 40 years experience and are still working. 45% of RN’s have a BS or higher. About 5% are unemployed and half of these are seeking jobs as a nurse. 76% of nurses work full time and 11% work for 2 employers and 1.3% work for 3 employers. 60% work in hospitals, 7% in nursing homes or ECF, about 5% in medical offices, 5% in home care, 3% in academia and 4.6% in ambulatory care.

Social Media: Implications for Nursing, Nursing Practice Statement NP 85 Revised: 2015
This addresses maintaining professional boundaries and HIPPA and preventing harm to the patient. Be judicious in the use of social media as employers sometimes monitor employees and potential employees. Please read through the NP 85.

ICPAN 2015
Copenhagen
Sharing and Caring
Inspiring Global Connections
3rd International Conference for PeriAnesthesia Nurses
September 9-12, 2015
On February 18, 2015, The Ohio Nurses Association hosted its 14th year of Nurses Day at the State House better known as NDASH. Despite sleet and frigid temperatures, NDASH was a sellout totaling 400 attendees. This annual event brought in 27 organizations representing multiple fields in the profession of Nursing. Ohio PeriAnesthesia Nurses Association, OPANA, was proud to be one of those organizations.

A warm welcome and introductions presented by ONA President Dan Kirkpatrick, MSN, RN NE-BC, started the day. ONA Chief Executive Officer Lori Chovanak, MN, RN, APRN-BC, spoke about the power of being engaged in our professional organization and how your voice can be used to affect change. Three points that were mentioned were to:

- Hear out someone / listen
- Gain support
- Have a positive approach

Lori was energizing as she shared her story as an advanced practice registered nurse (APRN) moving from Montana to Ohio. Currently there are only 19 states that allow APRN’s to practice to their full potential. Lori, along with a group of APRN’s, demonstrated their empowerment by traveling to Washington D.C. to present their concerns to legislators regarding a bill that they felt would limit their practice. As of today, that bill is currently on hold and being reevaluated!

Next, a panel presentation on nursing issues was held. Each nurse from his or her organization was given an opportunity to present a two minute synopsis of issues and concerns that affect their specialty. Sally Morgan, RN, APNP-BC, a member OPANA and ONA, provided an update on current legislation.

Continued on page 18
Welcoming remarks were presented by legislative speakers Senator Cafaro and Representative Sears. There were opportunities to take a state house tour, attend a committee hearing or have lunch with your legislature. The day ended with a continuing education program entitled, “RNs Shaping Their Future Through Health Policy,” presented by ONA Director of Health Policy, Andrew Fraley, JD.

Overall, the day was fulfilling and educational. So what should you know about going to Nurses Day at the State House? Know that you have the opportunity to hear stories of nurses in action and to play a part in educating your individual legislators about health care issues closest to you and your daily practice. We encourage everyone who has the opportunity to attend a future NDASH to do so.

Central Ohio PeriAnesthesia Nurses Association (COPANA) members; Alabelle Zghoul, Iris Marcenite and Nancy McGushin

OPANA President, Rose Durning; ONA Chief Executive Officer, Lori Chovanak; Sally Morgan; OPANA Governmental Affairs Rep and President of ONA, Dan Kirkpatrick

The Ohio Nurses Foundation presents
NURSES
THE PEOPLE’S CHOICE

On May 1, The Ohio Nurses Foundation presented the 2015 Nurses Choice Luncheon at the Blackwell in Columbus, Ohio. The Foundation of the Ohio Nurses Association, exists to provide the funding to advance nursing as a learned profession through education, research and scholarships. The annual Nurses Choice Awards and Scholarship Luncheon is the Foundation’s main fundraiser where notable nurses and future nurses are awarded grants and scholarships. Friends of nursing are also recognized with Nurses Choice Awards.
SCHOLARSHIPS AWARDED

Steps to Join;
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Members tab
List on right, select members
Select application
Steps to View OPANA web page;
www.ohiopana.org
Scholarship information
Certification information
Region 3 members and our partners
Reasons to join
Registration fee covers membership to ASPAN as well as OPANA and local district
Scholarship money available from state and district
Seminar information and discounted rate to attend
Subscription to JOPAN journal
Breathline newsletter available on-line; ASPAN’s newsletter
Peers recognition and awards programs
Specialty Practice Groups, Clinical Practice Groups
Research Grant Programs; Joanna Briggs Institute for articles
Opportunity to host an ASPAN Seminar
Network with State and local organizations
On-line forums
Governmental affairs, Professional Partnerships, Committee and strategic work
Free Contact hours at district meetings

FALL 2014

December 01, 2014
Sharon Gallagher $75.00
Diane Smith $65.00
Amy Hanna $75.00
Catherine Prince $70.00
Jill Sharwark $75.00
Iris Marcentile $75.00
Annelle Garcia $70.00

December 15, 2014
Carol Zacharias $75.00
Marianne Barga $75.00
Jane Caskie $75.00
William Miller $65.00
Penny Risher $75.00
Deb Wilson $75.00

Recent CAPA/CPAN Certifications in Ohio
CAPA 146
CPAN 235
DUAL 15

Recent CAPA/CPAN Certifications in Ohio
CAPA 146
CPAN 235
DUAL 15

So how does meeting a dead lion help me learn time management?

Deadline Publication Date
April 15, 2015 June 1, 2015
October 15, 2015 December 1, 2015

*Next Deadline

Web Master Corner
Debby Niehaus

I'd like to hear from all members who wish to submit pictures from meetings, conferences or ASPAN meeting as well as district and state updates for the ohiopana.org website. Please email any information you wish posted or contact your district representative to have it put on the website.

Email: debbyniehaus@zoomtown.com

Google.com
Greetings!

My name is Sylvia Baker and I have the joy to be your new ASPAN Regional Director. I am excited to be your conduit to the ASPAN Board of Directors. It was wonderful to meet many of you at National Conference in San Antonio.

I have been a PeriAnesthesia nurse for about 28 years after working on Med-Surg units for the first 10 years after my graduation from a diploma program. I returned to school for my BSN in 2003, completing this goal in 2006. During this process, I was bit by the "education bug" and completed my MSN, graduating with this degree in January of 2010. Currently, I work per diem in my local PACU, while working full time as a Clinical Education Specialist: coordinating our Nursing Practice Orientation and Student Nurse Affiliations. Because I truly believe that we all need to be active in succession planning, I teach nursing for a local community college. My husband Michael and I have a daughter and son-in-law, a grandson and a granddaughter. We also have a son, who is a RN and just happens to work at the same hospital as I! I'm very proud of my family and they support me in my many activities. You just may get the opportunity to meet one (or more) of them when I come to visit your component! J

Some of my goals for my tenure as your Regional Director are to assist you in helping your component grow in numbers and financial strength. These are goals that I cannot attain by myself and I don't even come close to suggesting that I have any of the answers. I am a true believer in teamwork. With this philosophy, I believe that we can make ASPAN and your component stronger and more sustainable. It's not easy work, but with all of us working collectively, we can make this a reality. Invite the younger nurses in your department to attend a component meeting with you and let them find out how much fun we all have! Reignite some perianesthesia passion in your seasoned colleagues by asking them questions such as: What do you like most about being a perianesthesia nurse? Or even: What made you decide to become a nurse? By asking your colleagues/peers these questions, you'll get to know them on a different level and you'll also help them return to their nursing roots. Maybe you need to ask yourself these same questions? By demonstrating your passion, you'll ignite others to their core values.

During the most recent RA, a couple of activities took priority for the RA. The first was passage of ASPAN’s newest Position Statement on Alarm Management. We must continue to individualize our patients’ alarms and pay attention when they alarm! The other issue that brought about a great deal of discussion centered on ASPAN's member benefit to the Joanna Briggs Institute. Because of the autonomy that you, through your RA members, have the recommendation was sent back to the ASPAN Board for reconsideration. It was exciting to be witness to the power of grass-roots! Stay informed and keep the dialogue flowing!

I look forward to this shared journey. Please do not hesitate to contact me and let me know how you see I can assist you and your component to providing safe, efficient care to those entrusted to us!

Sylvia J. Baker, MSN, RN, CPAN
ASPAN Regional Director, Region 3
ASPAN CSP Coordinator
ASPAN Clinical Practice Team Leader
The Leadership Development Institute sponsored by ASPAN was held this year in beautiful Nashville, Tennessee, over a weekend in September and presented by members of the ASPAN Board of Directors. The Program focus was on Leadership and support of component leaders and included topics: to enhance component leader in running meetings, budgeting and finance, Gold Leaf Applications/changes and how to submit for the award, and a Research and Evidence Based Practice Review of Articles and critiquing done by attendees.

Component Leaders had an opportunity to network with others in their District for both exchange of information and to assess any activities other Areas of country doing and can we implement. Leaders were given a chance to explore opportunities to become an ASPAN officer, ASPAN Board member, and learn of what Committee and Strategic Work Teams accomplish in their support of ASPAN. Everyone was reminded to submit their Willingness to Serve Form to Armi Holcomb ASPAN President Elect by the deadline. The Chair of the Nominating Committee, Twilla Shrout, as well as Leadership Development Work Team members, of which serve on for ASPAN, assisted in fielding questions for those interested in pursuing office and spoke to individuals as requested. This is part of ASPAN's mentoring program.

The Networking and Information gained from talking to other Component leaders from District 3 was of great benefit and I know our President Rose is looking to possibly use some of the tidbits of knowledge to make OPANA even better through dialog with Michigan, Indiana, Kentucky, West Virginia etc. Ideas shared for speaker, programs, and maybe a combined meeting/program with Northern Kentucky was discussed. It was a great weekend of learning, and sharing.

Submitted by Debby Niehaus, BSN, RN, CPAN

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**ASPN’s 2015**

**Leadership Development Institute (LDI)**

**September 18-19, 2015**

**At the St. Louis Sheraton**

**Clayton, Missouri**

**Visit [www.aspan.org](http://www.aspan.org) for registration and a schedule of events**

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via [en.wikipedia.org](http://en.wikipedia.org)
ABPANC
CERTIFICATION NEWS
May/June 2015

ABPANC Offers New CPAN/CAPA Study Question of the Week
Check out the new Study Question of the Week on the ABPANC website at www.cpancapa.org. Each week ABPANC will post a new CPAN or CAPA study question with the previous week’s answer. Nurses can also subscribe to receive the questions via email, or find them on the ABPANC Facebook page at: www.facebook.com/abpanc

CPAN® / CAPA® “Nursing Passion in Action” Award
Nominate a colleague when you see Nursing Passion in Action. Any CPAN and CAPA nurse who goes beyond their normal job responsibilities to provide outstanding patient care is eligible for the monthly Nursing Passion in Action award. Each month, ABPANC selects 10 winners and gives them a $25 gift certificate to be used for great merchandise at the CPAN/CAPA online store.

The award nomination is easy to fill out and award posters are available online at: www.cpancapa.org/resources/awards/passion

Contact ABPANC
475 Riverside Drive – 6th Floor
New York, NY 10115-0089

PH: 800-6ABPANC
FAX: 212-367-4256
Email: abpanc@proexam.org
Website: www.cpancapa.org

New Online Store Items!
What an exciting time of year this is as we approach a season of warm weather, blooming trees, colorful flowers and hopefully for many of you, an opportunity to enjoy some traveling! Recently, I had the privilege of traveling to San Antonio, Texas for ASPAN’s 34th National Conference. This was my first time attending an ASPAN conference and I was not disappointed! My week was filled with engaging speakers covering interesting topics about perianesthesia nursing as well the opportunities for networking with nurses from as far away as Denmark. Which, by the way, is where this years International Conference for PeriAnesthesia Nurses will be held. Of course there was plenty of time to enjoy San Antonio’s charm, famous landmarks, food and local culture.

By attending the conference, I personally felt a sense of pride to have been able to representative OPANA and take home so much valuable knowledge. My hope is that if you haven't been able to attend a national conference, that you try and do so. Attending a professional conference can make a difference in personally and professionally.